# Your key to better health in the Midwest Summer 2007 Summer 2007 Your key to better health in the Midwest



Dr. Robert Petzel

# READY, SET, WELCOME HOME!

providers in this Network and across the nation have been working very hard to help returning veterans transition from service member to civilian, according to Network Director Dr. Robert Petzel.

"Nationally, we have done well at preparing to meet the needs of returning service members," says Petzel. "Seamless Transition coordinators are available at every medical center, as well as case managers for those who are seriously injured. Our four national polytrauma centers – one of which is in Minneapolis – do an outstanding job with seriously injured patients like those with traumatic brain injury (TBI), multiple amputations or blindness. Also, we've now implemented a screening process for those with mild to moderate brain injury."

Petzel adds that in the mental health arena, the VA strengthened its capacity to deal with PTSD, anxiety disorders, depression and chemical dependency for veterans who experience those issues. "We have hired suicide prevention coordinators at each of our medical centers, and mental health case managers are available in mental health clinics," he says, "and every Community Based Outpatient Clinic offers

primary mental health services with an onsite provider or a contract provider in the community, or by using telecommunications technology to connect veterans with VA providers at larger facilities."

Throughout the Network, VA staff begin working before service personnel ever deploy. "Our five-state network," Petzel explains, "does an excellent job of reaching out to Reserve and National Guard units. We do pre-deployment work with them, help prepare the families, and meet with the units when they return in conjunction with Veterans Benefits Administration, Veteran Service Officers, and State Departments of Veterans Affairs so that returning service members and their families know what VA services and benefits are available. We want to make ourselves known to them so that their transition into veteran's health care is as effortless as possible."

Petzel extends a personal plea to all returning service members, their friends and families. "Be alert to the signs that may signal an individual has trouble coping – particularly emotionally and mentally – and PLEASE bring these individuals to our attention. We're here, we're ready, and we want to help if there is the slightest indication that someone is having difficulty readjusting to civilian life or is in need of medical or mental health services."

# **Business Office Points of Contact**

If you have questions regarding your eligibility for VA services, please contact your local VA facility listed below. You can also access our website at **www.visn23.med.va.gov** to determine your eligibility and priority level.

# A CENTURY OF CARING FOR AMERICA'S HEROES

he Hot Springs campus of the Department of Veterans Affairs (VA) Black Hills Health Care System will be celebrating 100 years of service to veterans in 2007. Make plans to join us on September 14 and 15 to enjoy our walking tour, open house, parade, community picnic and carnival, celebration ceremony and much more. The events and activities scheduled will celebrate a long history of providing excellence in health care and customer service to veterans.

For more information on the centennial celebration, contact the Hot Springs VA Medical Center at 605-745-2031.

Minneapolis - Daryl Gudding 612-467-2778

Daryl.Gudding@va.gov

St. Cloud - Ilene Schmitt 320-255-6379 Ilene.Schmitt@va.gov

Fargo - Kelly Colborn 800-410-9723, ext 3418 Kelly.Colborn2@va.gov

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# Tick Tactics

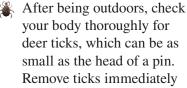
efore heading outdoors this summer, take a few precautions to keep ticks at bay. According to Dr. Gregory Filice, Chief of Infectious Disease at the Minneapolis VA Medical Center, most ticks are harmless but the deer tick carries three different pathogens that can cause illness – one of which is Lyme disease.

"Ticks live in an environmental niche that has both white-footed mice and deer," he says. "In our region, northwestern Wisconsin and northern Minnesota are most likely to have deer ticks. It is uncommon to find Lyme disease in the southern part of the region."

Filice says tick bites occur most often in fall and spring but can happen year-round. He provided the following recommendations.

To prevent tick bites, cover exposed skin with clothing, including a hat. Following manufacturer's instructions, apply an insect repellant containing DEET to your clothing and skin.







Dr. Gregory Filice

using tweezers (if available). It takes at least 24 hours for ticks to transmit Lyme disease.

- If you have an outdoor pet, take measures to repel ticks in your yard. Check your pet regularly, and promptly remove any ticks.
- Know the early signs of Lyme disease. Within a few days to a month, symptoms may include a rash, fever, chills, headache, muscle and joint pain and/or fatigue. If you are traveling this summer or fall, find out if tick-borne illnesses are a problem at your destination and take the necessary steps to protect yourself.

For more information, go to www.health.state.mn.us/divs/idepc/dtopics/tickborne/index.html

# Summer Sun Safety

eing outdoors in summer does wonders for your well-being, but it also creates serious hazards unless you protect the inside and outside of your body! What does the sun take from you and what does it leave behind?

On warm days, your body automatically sweats as a cooling mechanism. In fact, you can lose 1-1 ½ quarts of fluid per hour outdoors! You must replace that moisture or your blood literally thickens, putting you at risk for dehydration or worse – heat exhaustion or heat stroke.

Dehydration can strike anyone at any age. Older veterans and those who are physically active outdoors (regardless of age) are at particular risk. To prevent dehydration:

- Wear long sleeved, lightly colored, loose-fitting clothing and a hat.
- When outdoors regularly during warm months, start gradually with a few hours each day until your body adjusts.
- Restrict outdoor activities to early morning or late
- Drink water for several hours before going outside, and continue drinking water for several hours after coming in.

- Avoid drinks containing caffeine or alcohol. Ask your health care provider whether sports drinks are right for you, as some contain high levels of sugar and salt.
- Take a break every 30 minutes and drink 10-12 ounces of water, even if you aren't thirsty.
- Monitor your urine. Clear, light colored urine usually means you are hydrated, whereas dark urine can indicate dehydration.
- If you feel weak, dizzy or irritable, you may be dehydrated – making you more prone to accidents. Go to a cool location and rest while drinking water.

Even if the sun doesn't steal your body's moisture through dehydration, it can leave behind an unwelcome gift – sunburn! The American Cancer Society expects more than 1 million skin cancers to be diagnosed in 2007, many of which could be prevented.

Anyone can develop skin cancer, but sunscreen, a product applied to your skin, helps filter out the sun's dangerous rays. Sunscreen is rated by its SPF (sun protection factor). For maximum protection, choose an SPF of at least 15 that protects against UV-A and UV-B rays.

# Are You Living Well?

or the past year, many veterans in this Network have learned to enjoy life more than they ever thought possible, thanks to a unique program called *Living Well – Helping Veterans Manage Their Health*. Often referred to as simply *Living Well* classes, the six-week course teaches veterans to take responsibility for and manage their own chronic illness.

Class participants typically suffer from at least one chronic disease such as high blood pressure, diabetes, heart failure (CHF), or chronic obstructive pulmonary disease (COPD), among others. According to Ardelle Kleinsasser, Education Coordinator at Sioux Falls VA Medical Center, almost everyone has some type of chronic disease. "We start the class by revealing our own chronic diseases. We all have one – I personally have bad knees that will someday need replaced – and it lets people know that even the Living Well teachers have chronic diseases and that we're all learning together. In fact, many veterans who sign up have more than one chronic condition."

Class members meet for two and a half hours once each week for six weeks and learn about topics such as how to manage symptoms, reduce fatigue, deal with frustration and emotion, make treatment decisions and effectively communicate. They discuss ways to feel better, manage pain, and make plans for the future, while also learning to breathe better, make more nutritious food choices and begin an exercise program.

Instructors lead the group, but the veterans are often the real teachers. "Many times a veteran mentions a problem and the other group members offer helpful suggestions for dealing with it," Kleinsasser says. "This interaction is important because veterans receive honest, compassionate advice from someone who knows what they are going through. They call each other between classes to offer encouragement, and lasting friendships develop."

Kleinsasser believes the program is popular because veterans with a chronic illness no longer feel isolated. "They learn that with a few modifications, they can actually do a lot of activities they did before. They realize that having a chronic disease isn't the end of the world, and that they can still live life to the fullest."

Spouses and caregivers are encouraged to attend the class with the veteran. Deb Pederson, Patient Education

Coordinator at the Minneapolis VA Medical Center in Minneapolis, says having them there is very helpful. "Our patients quickly learn that they may have different diseases but they share some common symptoms, such as pain and fatigue. Similarly, spouses and caregivers learn that they share the same issues with other spouses and caregivers. Wives learn they can't control the health of their husband. Ironically, that leads to a sense of calmness and many times, wives actually shift focus and start working on some of their own health issues."

Pederson, who has seen astonishing changes in patients attending the Minneapolis Living Well classes, says one reason for the program's success is that veterans gain confidence and become more independent. "They develop weekly 'action plans' during the classes and take positive steps to live a healthier lifestyle. Realizing *they* hold the key to living a more functional, enjoyable life is a powerful motivator for veterans, and we are here to support them."



Sioux Falls Class Facilitator, Ardelle Kleinsasser, reviewing key tools that can be utilized in managing chronic illness with veterans in her class.



"This [Living Well] class was challenging and provided new opportunities for me as a veteran with chronic health issues. It provides a tool box to address chronic health issues for the patient and spouse. The class facilitates understanding of chronic conditions and the impact on family life."

Veteran John W. Granger

Learn ways to manage your chronic health conditions in "Living Well" classes. Call the number in your area if you have questions or would like to enroll:

# Des Moines and Knoxville

Wendy Hanson 515-699-5999. ext. 4255

# **Hot Springs**

Terrie Barnes 605-745-2000. ext. 2727 or 1-800-764-5370, ext. 2727

# **Fargo**

Chronic Disease Management (CDM) Clinic 701-239-3700, ext. 3314 or 1-800-410-9723, ext. 3314

# Fort Meade

Lori Aberle 605-720-7417 or 1-800-743-1070, ext. 7417

# **Grand Island**

Deb Carlson 308-382-3660. ext. 2458

# **lowa City**

Diane Kilberger or Jan Fisher 319-338-0581, ext. 5893 or 6468

### Lincoln

Linda Adams or Katie Sindelar 402-489-3802, ext. 6638 or 6251 or 1-866-851-6052, ext. 6251 or 6638

# Minneapolis Collaborative Clinic

612-467-3352 or 1-866-414-5058, ext. 3352

### **Omaha**

Yellow Clinic 402-346-8800, ext. 4960

# Sioux Falls

Robyn Tyler 605-336-3230, ext. 6158 or 1-800-316-8387, ext. 6158

### St. Cloud

Carol Rolph or Deb Czech 320-255-6480, ext. 6112 or 6698



# Healthy Color Mix = Healthy YOU!

olorful summer veggies in glorious green, robust red and astonishing orange hues look scrumptious on display at the farmer's market, but they also look good on you! Jan Fisher, Clinical Dietitian Specialist at VA Medical Center in Iowa City, says that each one contains a unique vitamin, mineral or antioxidant that makes them special. Most are low in fat and calories, easily incorporated into any meal, and they are downright tasty, too! She offers these colorful tips.

- **Red** (tomatoes, watermelons, pink grapefruit, beets, red cabbage, red potatoes) may prevent prostate cancer
- Orange (carrots, sweet potatoes, pumpkin, mango, cantaloupe, apricots) helps eyes and mucous membranes and hopefully reduces the risk of cancer and heart disease
- Green (spinach, peppers, romaine lettuce, collards, mustard greens, turnip greens) helps eyes and may prevent macular degeneration
- Blue (plums, raisins, blackberries, blueberries, eggplant) lowers the risk of cancer, stroke and heart disease
- White (bananas, pears, garlic, onions, white potatoes) lowers cholesterol and blood pressure

For maximum benefit, eat at least two servings of fruits and three servings of vegetables each day.

# **Tasty Tips**

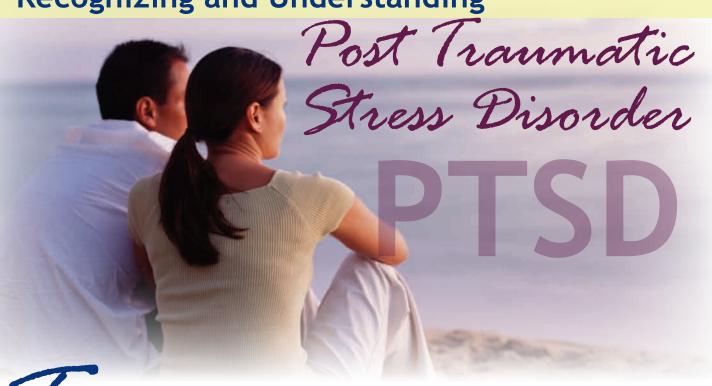
- ✓ For a healthy snack, serve fruits and vegetables with a low-fat dip.
- ✓ Save money by growing your own veggies in a container garden or flowerpot.
- ✓ Stir-fry a vegetable assortment for a quick meal.
- ✓ Add your own vegetables to pizza.
- ✓ Instead of dessert, make a low-fat fruit smoothie.

For more health tips, visit the HealthierUs Veterans website at:



www.healthierusveterans.va.gov/

# Recognizing and Understanding



alk to enough returning veterans and you're bound to find some who say that coming home hasn't been easy. Dr. Ahsan Naseem, Director of VA Midwest Health Care Network's Post Traumatic Stress Disorder Clinic in Lincoln, explains why.

"When a family member is absent, we change roles to adapt," he says. "Partners learn to become single parents, young families move in with parents or in-laws, and children experience their own reactions to the new circumstances. These changes can make returning veterans uncertain about how they fit in."

Some service members also come home with symptoms caused by exposure to combat and trauma. They don't feel connected to civilians and long to be back with their comrades. Naseem says probing questions such as "Did you kill anyone?" and "What was it like?" can magnify the problem.

"The average veteran has some trouble readjusting. Isolation is usually the first outward sign of PTSD," says Naseem, "wanting to be alone or uninterested in activities. Some simply have difficulty concentrating. Other veterans may have nightmares, flashbacks, sleep disorders or depression."

Thanks in part to older veterans, the VA has learned a lot about PTSD. "Right after the tragic incidents of September 11," says Naseem, "quite a few people began having difficulty getting through days and nights. It wasn't full-blown PTSD, but the shock of the event created instability in Vietnam and Korean vets who had been compensating in other ways for years."

Media coverage of today's conflicts has also brought in soldiers who haven't seen combat in many years. "Vietnam veterans have told us they identified with images of a farewell ceremony or a young man stepping onto a plane," he continues. "These images brought back memories that weren't necessarily flashbacks – just sadness or a reawakening of difficult experiences they had repressed."

Naseem says prompt treatment increases the veteran's chance of recovery and decreases the likelihood that the symptoms will escalate to violence, alcohol and drug abuse or criminal behavior. Within this Network, early assessment for PTSD begins at the Post Deployment Health Reassessment (PDHRA) session for returning veterans. "We partner with the Department of Defense to ensure their transition back to civilian life is as easy as possible," Naseem says. "A questionnaire gives us preliminary information, and we make appointments for veterans at that time if needed. We also have specific programs for service members returning from current conflicts. Treatment ranges from educational material to group meetings to individual psychotherapy to medications, depending on symptoms."

The most important thing for veterans and families to remember is that readjustment symptoms are common and that help is as close as your nearest VA facility. "Veterans sometimes don't understand what is happening and are reluctant to get help because of a perceived stigma attached to mental health care or a fear of jeopardizing their military career," says Naseem, "but the military wants them to be healthy, and so do we."



# Traumatic Brain Injury: Established Program, New Treatments

any veterans are treated for a traumatic brain injury (TBI) each day in VISN 23, but did you know the program actually began 20 years ago? Dr. Barbara Sigford, Director for Extended Care and Rehabilitation in Minneapolis, says their TBI program was established in the mid-1980s, but the current conflict has increased the number of patients. "Our program isn't new, but we are using new technology," she says. "The VA's state-of-the-art medical records system prompts clinicians to ask any service member returning from current conflicts four questions when they come to a VA facility.

"First," Sigford explains, "We ask the veteran about exposure to an event such as a blast, explosion, motor vehicle accident or gunshot wound – some of the com-

mon causes of TBI. The next question is whether the veteran experienced a loss of consciousness, felt dazed or confused, or had difficulty remembering what happened. We then ask if the veteran has had physi-

cal symptoms like headaches, dizziness, problems with memory, or sleep problems that are new or have gotten worse since the incident. Finally, we ask if any of the TBI symptoms are still occurring."

Sigford says veterans answering yes to the first three questions likely have TBI that is not currently causing symptoms. Veterans answering yes to all four questions likely have a symptomatic brain injury and are referred to a Polytrauma Support Clinic or Polytrauma Support Network Site where they undergo an in-depth evaluation, treatment and/or additional screening.

"We have many successful treatment options," Sigford continues. "A patient troubled by dizziness, for example, may need physical therapy. For memory prob-

lems, we can provide speech or occupational therapy, or a PDA – a small hand-held electronic device that keeps track of things like appointments and medications." In some cases, a veteran returning to the workforce may need a tape recorder to record instructions and listen to them later.

TBI symptoms range from mild to

very severe, and the VA provides

services to veterans anywhere

within that spectrum.

Sigford says the VA polytrauma teams help veterans manage their TBI symptoms and continue to monitor their progress until symptoms cease or stabilize. "We also provide emotional support and education because it's important for them to know that recovery may take awhile."

Veterans who don't have symptoms during the initial four-question screening are nonetheless provided information about TBI and encouraged to return if a problem occurs later. "Symptoms don't always

show up immediately," Sigford says, "or a vet may not recognize them. We've seen veterans who experienced multiple brain injuries while serving but went on with their duties and didn't realize they had a problem until they re-entered civilian life. When that happens, we want to help them."

TBI symptoms range from mild to very severe, and the VA provides services to veterans anywhere within that spectrum. "The most important message," says Sigford, "is that TBI is a very real injury. It is NOT all in your head." She adds that not every treatment works for every individual, and veterans should communicate with their health care providers if they aren't seeing improvement.



Dr. Barbara Sigford

# VA MIDWEST HEALTH CARE NETWORK - VISN 23

### NORTH DAKOTA

# Fargo VA Medical Center

2101 N. Elm St. Fargo, ND 58102 (701) 232-3241 (800) 410-9723

# **SOUTH DAKOTA**

# Sioux Falls VA Medical Center

2501 West 22nd St. PO BOX 5046 Sioux Falls, SD 57117 (605) 336-3230 (800) 316-8387

# VA Black Hills Health Care System

113 Comanche Road Fort Meade, SD 57741 (605) 347-2511 (800) 743-1070

500 N. 5th Street Hot Springs, SD 57747 (605) 745-2000 (800) 764-5370

### **NEBRASKA**

# VA Nebraska Western Iowa Health Care System

600 South 70th St Lincoln, NE 68510-2493 (402) 489-3802 (866) 851-6052

# VA Nebraska Western Iowa Health Care System

4101 Woolworth Avenue Omaha, NE 68105 (402) 346-8800 (800) 451-5796

# VA Nebraska Western Iowa Health Care System

2201 North Broadwell Avenue Grand Island, NE 68803 (308) 382-3660 (866) 580-1810

# **MINNESOTA**

# Minneapolis VA Medical Center

One Veterans Drive Minneapolis, MN 55417 (612) 725-2000 (866) 414-5058 **St. Cloud VA Medical Center**4801 Veterans Drive
St. Cloud, MN 56303
(320) 252-1670
(800) 247-1739

### **IOWA**

# lowa City VA Medical Center

601 Hwy 6 West Iowa City, IA 52246 (319) 338-0581 Illinois (800) 346-1843 Iowa (800) 637-0128

# Central Iowa Health Care System

3600 – 30th St Des Moines, IA 50310 (515) 699-5999 (800) 294-8387

1515 W. Pleasant St Knoxville, IA 50138 (641) 842-3101 (800) 816-8878

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